	PATEN	IT APPLICA		EC	ORD Application or Docket Number							
Effective December 8, 2004								10/552683				3
CLAIMS AS FILED - PART I (Column 1)						(Catumn 2)		SMALL EN	TITY	OR	OTHER SMALL	
U.S	. NATIONAL	STAGE FEES			·	7	RATE	FEE	1	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE	167	OR	BASIÇ FEE	—
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ther situations = \$ 100 / \$ 200		EXAM. FEE	1877	1	EXAM. FEE	/
SEARCH FEE			U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400			other situations = \$250 / \$ 500		SEARCH FEE	200		SEARCH FEE	
FEE	FOR EXTRA	SPEC. PGS:	minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	/
TO1	AL CHARGEA	BLE CLAIMS	mir	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT CL	AIMS	minus 3 =		•	>		X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT								.÷\$ 180 =	•	OR	+\$3604	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	450	OR	TOTAL	
CLAIMS AS AMENDED PART II (Column 3) SMALL ENTITY / OR SMALL ENTITY												,
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								OMALL	ADDI-/		SMALL	/ ADDI-
AMENIDMENT A	·	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	• //	Minus	-20	2	. 0		X \$ 25 =		OR	X \$ 50 =	
	Independent	· /	Minus	<u>"3</u>		-0		X \$ 100 =		OR	X \$ 290 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
1, Indep TOTAL APOIT. OR)												
_		(Column 1)	/	(Colum		(Column 3)	F		· · 1	1	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		a .		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
			-	TOTAL ADDIT		OR	TOTAL ADDIT.					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
		mber Previously Pai nber Previously Paid					in the	e appropriate box	in column 1.			

FORM 9TO-875 (Rev. 02/2005)

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